



**MARK CHURCH**  
**Assessor-County Clerk-Recorder**

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**WELFARE EXEMPTION SUPPLEMENTAL AFFIDAVIT,  
ORGANIZATIONS AND PERSONS USING  
CLAIMANT'S REAL PROPERTY**

This claim is filed for fiscal year 20\_\_\_\_ — 20\_\_\_\_

This is a Supplemental Affidavit filed with:

- BOE-267, *Claim For Welfare Exemption (First Filing)*
- BOE-267-A, 20\_\_\_\_ *Claim For Welfare Exemption (Annual Filing)*

**Section 1. Identification of Claimant/Owner and Property**

LEGAL NAME OF ORGANIZATION		CORPORATE OR LLC ID NO. (if any)
ADDRESS OF PROPERTY (number and street)	CITY	ASSESSOR'S PARCEL/ASSESSMENT NUMBER

**Section 2. Organizations and Persons Using Owner's Real Property** (Attach additional copies of this form, if necessary)

Total Number of Users: \_\_\_\_\_

**Part A**

a. NAME OF ORGANIZATIONS OR PERSON (including DBA name, if applicable)

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b. PHONE NUMBER OR EMAIL ADDRESS

c. NEW USER THIS YEAR?  Yes  No  
If yes, date use began: \_\_\_\_\_

d. DESCRIPTION OF PROPERTY USED BY ORGANIZATION/PERSON LISTED IN (a) ABOVE (type of property and portions of property used, including square footage):

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e. CURRENT LEASE OR AGREEMENT ATTACHED?  
 Yes  No, submitted with a previous filing  No written agreement

f. IS EXEMPTION REQUESTED ON THE PORTION OF PROPERTY USED BY THIS USER?  
 Yes (complete Part B for this user)  No (no further information required for this user)

**Part B**

a. DESCRIPTION OF THE USER'S USE OF THE PROPERTY:

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b. FREQUENCY OF USE (daily, once per week, etc):

c. RENT OR FEES RECEIVED FROM USER (amount and frequency):

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d. DOES THE USER HAVE AN ORGANIZATIONAL CLEARANCE CERTIFICATE (OCC)?  
 Yes, OCC NO. \_\_\_\_\_  No (additional documents may be required, see instructions)

e. PURPOSE(S) ORGANIZED FOR:  
 Charitable  Religious  Hospital  Scientific  Other \_\_\_\_\_

f. TAX EXEMPT STATUS (check applicable box and submit copy of tax exempt status letter, if not submitted with a previous filing)  
INTERNAL REVENUE CODE:  Section 501(c)(3)  Section 501(c)(4) REVENUE AND TAXATION CODE:  Section 23701d  Section 23701f  Section 23701w  
 NOT TAX EXEMPT

**Part A**

a. NAME OF ORGANIZATIONS OR PERSON (including DBA name, if applicable)

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If yes, date use began: \_\_\_\_\_

d. DESCRIPTION OF PROPERTY USED BY ORGANIZATION/PERSON LISTED IN (a) ABOVE (type of property and portions of property used, including square footage):

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a. DESCRIPTION OF THE USER'S USE OF THE PROPERTY:

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b. FREQUENCY OF USE (daily, once per week, etc):

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 NOT TAX EXEMPT

**CERTIFICATION**

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

**THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**

